LAGRANGE COLLEGE
TRANSCRIPT REQUEST FORM

Name:_____
Last **First** **Middle**

LCID or SSN:_____

Name if Different on Records: _____

Current Home Address: _____

_____

Are you currently enrolled at LaGrange College? _____

IF NOT, Last Year of Attendance: _____

Copy 1. Mail To: _____

_____

_____

Number of Copies Needed: _____ **Send Now** ____ **Send After Grades are Posted** ____

Copy 2. Mail To:_____

_____

_____

Number of Copies Needed: _____ **Send Now** ____ **Send After Grades are Posted** ____

Hand Carried Official Copy: **How many?** _____

No transcript will be furnished to any student or alumni whose financial obligations to the College have not been met.

Signature: _____ **Date:** _____

Mail to: LaGrange College
Office of the Registrar
601 Broad Street
LaGrange, GA 30240

or

FAX to: (706) 880-8025